



NATIONAL COALITION for HOMELESS VETERANS

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**Statement for the Record
Before the
Committee on Veterans' Affairs
U.S. House of Representatives
on
The Performance of Homeless Assistance Programs for Veterans
May 18, 2004**

Introduction

The National Coalition for Homeless Veterans appreciates the opportunity to submit recommendations for developing and strengthening federal homeless assistance programs that serve veterans, including the homeless veteran-specific programs of the U.S. Department of Veterans Affairs (VA), the U.S. Department of Labor (DOL), and the U.S. Department of Housing and Urban Development (HUD) and the targeted homeless assistance and mainstream programs of HUD, DOL, the U.S. Department of Health and Human Services, the U.S. Department of Defense, and the Social Security Administration. Our statement also addresses issues regarding implementation of the provisions of the Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95).

The **National Coalition for Homeless Veterans (NCHV)**, established in 1990, is a **nonprofit organization** with the **mission of ending homelessness among veterans** by shaping public policy, promoting collaboration, and building the capacity of service providers. NCHV's nearly 250 member organizations in 43 states and the District of Columbia provide housing and supportive services to homeless veterans and their families, such as street outreach, drop-in centers, emergency shelter, transitional housing, permanent housing, recuperative care, hospice care, food and clothing, primary health care, addiction and mental health services, employment supports, educational assistance, legal aid and benefit advocacy.

The VA estimates that more than 275,000 veterans are homeless on any given night; more than 500,000 experience homelessness over the course of a year. *Conservatively, one of every three homeless adult males sleeping in a doorway, alley, box, car, barn or other location not fit for human habitation in our urban, suburban, and rural communities has served our nation in the Armed Forces.* Homeless veterans are mostly males (2 percent are females). 54 percent are people of color. The vast majority are single, although service providers are reporting an increased number of veterans with children seeking their assistance. 45 percent have a mental illness. 50 percent have an addiction.

America's homeless veterans have served in World War II, Korea, the Cold War, Vietnam, Grenada, Panama, Lebanon, anti-drug cultivation efforts in South America, Afghanistan, and Iraq. 47 percent of homeless veterans served during the Vietnam Era. More than 67 percent served our nation for at least three years and 33 percent were stationed in a war zone.

Mission: The National Coalition for Homeless Veterans will end homelessness among veterans by shaping public policy, educating the public, and building the capacity of service providers.

Male veterans are twice as likely to become homeless as their non-veteran counterparts, and female veterans are about four times as likely to become homeless as their non-veteran counterparts. *Like their non-veteran counterparts, veterans are at high risk of homelessness due to extremely low or no income, dismal living conditions in cheap hotels or in overcrowded or substandard housing, and lack of access to health care.* **In addition to these shared factors, a large number of at-risk veterans live with post traumatic stress disorders and addictions acquired during or exacerbated by their military service. In addition, their family and social networks are fractured due to lengthy periods away from their communities of origin. These problems are directly traceable to their experience in military service or to their return to civilian society without appropriate transitional supports.**

Contrary to the perceptions that our nation's veterans are well-supported, in fact many go without the services they require and are eligible to receive. One and a half million veterans have incomes that fall below the federal poverty level. **Neither the VA, state or county departments of veteran affairs, nor community-based and faith-based service providers are adequately resourced to respond to these veterans' health, housing, and supportive services needs.** For example, the VA reports that its homeless treatment and community-based assistance network serves 100,000 veterans annually. *With an estimated 500,000 veterans experiencing homelessness at some time during a year and the VA reaching only 20 percent of those in need, 400,000 veterans remain without services from the department responsible for supporting them.* **Likewise, other federal, state, and local public agencies—notably housing and health departments—are not adequately responding to the housing, health care and supportive services needs of veterans.** Indeed, it appears that veterans fail to register as a target group for these agencies.

We urge Congress to make a public commitment *and* take immediate action to ensure access to housing, income, and health security for those who have nobly served our nation.

Our statement is organized in two parts. The first part focuses on implementation of the provisions of the Homeless Veterans Comprehensive Assistance Act (P.L. 107-95) and recommendations for their reauthorization. The second part addresses matters not presently encompassed by P.L. 107-95. We recommend that Congress address these second set of recommendations either during the reauthorization of P.L. 107-95 provisions or through other legislative vehicles as appropriate.

PART I—RECOMMENDATIONS REGARDING THE HOMELESS VETERANS COMPREHENSIVE ASSISTANCE ACT

The landmark Homeless Veterans Comprehensive Assistance Act of 2001 establishes new program authorities and reauthorizes long-standing homeless programs within the VA. We are grateful to Chairman Smith, Representative Evans, other members of the Committee and your counterparts in the Senate for your tireless efforts to secure passage of P.L. 107-95 and your vigorous oversight of the VA since the Act's enactment.

We are pleased that the VA has taken steps to implement some of the provisions of the Act. At the same time, we are disappointed that the Department, in the three budget cycles since passage of P.L. 107-95, has neither implemented all of the Act's provisions nor allocated funds from the VA health care account to the Department's homeless programs at the levels authorized in the statute. **Accordingly, we urge the Committee to continue to press the Department to implement *all* provisions of P.L. 107-95 and to work with your counterparts on the Budget and Appropriations committees to ensure that sufficient funds are included in the VA budget for implementing each of the Department's specialized homeless programs.**

National Goal to End Homelessness among Veterans (38 USC 2001 note)

The National Coalition for Homeless Veterans believes that all Americans, including all of our nation's veterans, deserve the opportunity to secure permanent affordable housing. The homeless condition facing millions of our residents each year, including over 500,000 veterans, sullies our great nation. We further believe that homelessness is preventable and must be eliminated as a social condition of U.S. Society.

Accordingly, we favor public policy goals and approaches that facilitate homeless people's access to programs and services *regardless* of the duration of their homeless spell or their health or disability status, i.e. the factors which the federal government currently uses to classify a homeless person as "chronic." Simply stated, the focus on "chronically homeless" persons, including chronically homeless veterans, leaves too many others behind.

We urge Congress, when reauthorizing the Homeless Veterans Comprehensive Assistance Act, to enlarge the statutory goal of ending chronic homelessness among veterans by 2011 to instead end *all* homelessness among veterans in that same time period.

VA Staffing Requirements (38 USC 2003)

P.L. 107-95 requires the assignment of Homeless Veteran Outreach Coordinators (HVOCs) within each Veterans Benefit Administration (VBA) region. Additionally, the VA has designated a homeless coordinator in each Veterans Integrated Services Network (VISN). We commend the Department for dedicating staff in each region and network specifically to homeless veterans activities.

We are concerned that VBA HVOCs and VISN homeless coordinators are not consistently interpreting federal statutes, regulations, and policies. **We urge the Committee, through report language or through correspondence, to request the Secretary to ensure uniformity in position requirements and training among all VBA HVOCs and all VISN homeless coordinators.**

Homeless Provider Grant and Per Diem Program Authorization (38 USC 2011)

The Homeless Providers Grant and Per Diem (GPD) Program, within the Veterans Health Administration (VHA), provides competitive grants to community-based, faith-based, and public organizations to offer transitional housing or service centers for homeless veterans. The GPD program is an essential component of the VA's continuum of care for homeless veterans, assuring the availability of transitional housing, social services, employment supports, and direct treatment or referral to medical treatment. *The GPD program is set to expire September 30, 2005.* **We urge Congress to reauthorize the Homeless Provider Grant and Per Diem program through September 30, 2011.**

Per Diem Payments (38 USC 2012)

P.L. 107-95 includes a provision requiring the VA to reimburse grantees under the GPD program for services to homeless veterans at the same rate that VA pays states for domiciliary care services provided in State Veterans Homes. The provision is intended to establish fairness in payments among different types of care providers and to simplify reimbursement of GPD grantees. *The VA has implemented the provision in a manner that requires GPD grantees to submit extensive documentation on their services costs, rather than simply reimbursing them at the State Veterans Home rate.* **We urge Congress to amend 38 USC 2012 to clarify that GPD grantees should be reimbursed at the State Veterans Home rate, without requiring documentation.**

Homeless Provider Grant and Per Diem Program Authorization of Appropriations (38 USC 2013)

P.L. 107-95 authorizes the GPD program through September 30, 2005 at the \$75 million annual level. *This funding level is simply insufficient to enable VA to meet the demand for transitional housing assistance expressed by homeless veterans.* Data gathered by VA Medical Centers (VAMCs) through the Community Homelessness Assessment, Local Education, and Networking Groups (CHALENGs) processes consistently document that the numbers of homeless veterans in their service areas far exceed the number of GPD beds currently available for them. Accordingly, **we urge Congress to reauthorize the Homeless Provider Grant and Per Diem program through September 30, 2011 at at least the \$200 million level annually.**

Chairman Smith and Ranking Member Evans have recently introduced a measure (H.R. 4248) to reauthorize the GPD program for a three-year period at the \$100 million level. While we do not oppose this legislation, it does not go far enough to assure long-term stability and resource expansion for this critical program for homeless veterans. An increase of GPD to \$100 million will merely sustain the program at its current capacity, not expand the program to the number of beds truly needed.

Homeless Veterans Reintegration Program (38 USC 2021)

The Homeless Veterans Reintegration Program (HVRP), within the Department of Labor's Veterans Employment and Training Service (VETS), provides competitive grants to community-based, faith-based, and public organizations to offer outreach, job placement and supportive services to homeless veterans. HVRP grants are intended to address two objectives: (a) to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force, and (b) to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans.

Homeless veterans have many additional barriers to employment than non-homeless veterans due to their lack of housing. HVRP grantees remove those barriers through specialized supports unavailable through other employment services programs. HVRP grantees are able to place participants into employment for \$2,100 per placement, a tiny investment for moving a veteran out of homelessness, and off of dependency on public programs.

HVRP is the primary employment services program accessible by homeless veterans and the only targeted employment program for any homeless subpopulation. In addition, HVRP is being used as the account to fund a joint DOL and VA initiative authorized in P.L. 107-95 to assist veterans incarcerated in their reentry to the community.

P.L. 107-95 authorizes HVRP at the \$50 million level annually through FY 2006. **We urge Congress to reauthorize HVRP at the \$50 million level annually through FY 2011.**

We are troubled to learn recently through DOL that if funding is not increased for HVRP in the FY 2005 appropriation, it is unlikely there would be a competition for HVRP new start grants in FY 2005. Given this dire situation, **we urge the Committee leadership and membership to write to their Appropriations Committee counterparts requesting that the full \$50 million authorized for HVRP be included in FY 2005 appropriations legislation for the U.S. Department of Labor.**

Coordination of Outreach Services for Veterans at Risk of Homelessness (38 USC 2022)

P.L. 107-95 requires the Department to develop a coordinated plan by the Mental Health Service and the Readjustment Counseling Service for joint outreach to veterans at risk of homelessness and an outreach program to provide information to homeless veterans and veterans at risk of homelessness. *We have not seen evidence that these requirements have been implemented.* **We urge the Committee to instruct the Department to provide the reports on outreach as required by current law.**

Furthermore, **we urge Congress to amend both the outreach plan and outreach program provisions to add the following additional matter as expected outreach content: information on risk factors for homelessness, a self-assessment of risk factors, and contact information for preventative assistance associated with homelessness.**

Domiciliary Care Programs (38 USC 2043)

P.L. 107-95 authorizes appropriations at the \$5 million level in each of FY 2003 and FY 2004 for the VA to open ten new domiciliaries for homeless veterans. *Regrettably, the Department has not implemented this provision.* **We urge the Committee to request the Department to provide a progress report and implementation timetable for this provision.**

However, we caution that domiciliaries are theoretically distinct from transitional housing, and should remain so. Domiciliaries assure the availability of biopsychosocial treatment and rehabilitation to homeless veterans in residential settings. They are health care programs, not housing assistance. We have concerns that some VA domiciliaries have moved away from their treatment and rehabilitation functions and instead are mirroring transitional housing. *Domiciliary care is not equivalent to transitional housing.* Community-based organizations, rather than VA, are better suited to provide transitional housing assistance.

We urge the Committee, through legislative report language or correspondence, to instruct the Department to ensure that its network of domiciliary care programs is in fact providing services distinct from transitional housing. We note that homeless veteran service providers could establish or manage domiciliary care services, but they would need substantial additional resources to do so. In addition, we want to ensure that both in-house and contracted-out domiciliary care remains distinct from, and receives funding apart from the GPD program.

Grant Program for Homeless Veterans with Special Needs (38 USC 2061)

P.L. 107-95 requires the Department to carry out a program to make grants available to health care facilities of the Department and to GPD providers to encourage development of programs for homeless veterans with special needs, including women, frail elderly, terminally ill, or chronically mentally ill. *We have not seen evidence that this provision has been implemented.* **We urge the Committee to request the Department to provide a progress report and implementation timetable for this provision.**

Dental Care (38 USC 2062)

P.L. 107-95 establishes a limited dental care benefit for certain homeless veterans. Under the provision, homeless veterans in certain VA homeless programs are eligible for a one-time course of dental treatment which is medically necessary for veterans to gain employment, to alleviate pain, or to treat disease. Early data from the Department indicates that only 1,147 additional homeless veterans have received dental care in FY 2003 as a result of this provision. *We are disappointed that so few additional homeless*

veterans have received access to dental care services. We urge the Committee to request the Department to provide a progress report on this provision.

Further, we believe the requirement that a homeless veteran participate in a VA residential program for at least 60 days is a major contributor to the underutilization of this dental care provision. We urge Congress to amend this provision to eliminate the 60-day enrollment period.

Technical Assistance Grants for Nonprofit Community-based Groups (38 USC 2064)

P.L. 107-95 authorizes the Department to make competitive grants to organizations with expertise in preparing grant applications to provide technical assistance to nonprofit community-based and faith-based groups with experience in providing assistance to homeless veterans in order to assist such groups in applying for homeless veterans grants and other grants addressing problems of homeless veterans. Community-based and faith-based organizations serving homeless veterans rely on a complex set of funding and service delivery streams with multiple agencies in order to assemble comprehensive housing and supportive services. These providers face a capacity gap around managing this complexity.

We are proud to have successfully competed for funding under this program in FY 2003. We believe we have been effective stewards of the technical assistance funds and look forward to participating in future competitions.

We urge Congress to reauthorize the homeless veteran service provider technical assistance program at the \$1 million level annually through September 30, 2011.

Advisory Committee on Homeless Veterans (38 USC 2066)

P.L. 107-95 establishes an Advisory Committee on Homeless Veterans to provide a formal mechanism for the Secretary to gather advice from the homeless veteran service provider field and others with expertise on homeless veteran matters.

We applaud the Secretary of Veterans Affairs for implementing this provision. We are pleased that several committee members are NCHV members. We are grateful to all members of the Committee for their public service on behalf of homeless veterans.

The Committee is set to expire December 31, 2006. We urge Congress to reauthorize the Advisory Committee on Homeless Veterans through September 30, 2011. Further we urge Congress to add the Executive Director of the Interagency Council on Homelessness or designated representative as an ex-officio member of the Committee.

Expansion of Other Programs (38 USC 1706, 38 USC 2033, 38 USC 1720A)

P.L. 107-95 requires the Department to ensure that each primary care facility of the Department develops and carries out plans to provide mental health services and substance abuse services. The Act also authorizes the Department to establish additional comprehensive homeless service centers. *Again, we have not seen evidence that these provisions have been implemented. We urge the Committee to request the Department to provide progress reports and implementation timetables for these provisions.*

Use of Real Property (38 USC 8122)

P.L. 107-95 included a provision that prohibits the Department from declaring any real property to be excess unless the Secretary determines that the property is no longer needed, *and that it is not suitable for use for the provision of services to homeless veterans by the Department or by another entity under an enhanced-use lease of such property.*

While well-intentioned, this provision may create a disincentive for the Department to use the pre-existing McKinney-Vento Title V program as the principal means for disposing of real property and instead establishes a preference for enhanced-use lease.

Homeless veteran service providers and other organizations supporting people experiencing homelessness clearly benefit from the acquisition of federal capital assets through the Title V program as compared to other property disposition methods, such as the VA's Enhanced Use Lease (EU) authority. The principal advantage is that under Title V, the properties are made available to the nonprofit organization at no cost. Under EU, on the other hand, the receiving organization must negotiate and make lease payments. Thus EU imposes a serious financial burden on organizations whose budgets are already strained, with every available dollar needed to pay for care and support for people with severe needs.

Also advantageous to organizations acquiring properties through Title V is that leased properties are exempt from local zoning ordinances, thus eliminating the threat of community groups unilaterally blocking the siting of homeless facilities based on stereotypes and prejudices about people in extreme poverty (i.e., NIMBYism).

On the other hand, the greatest impediment to homeless service providers' ability to take advantage of VA's EU authority is the very fact that the provider is charged for the use of the leased space. Sometimes these charges are as high as the fair market value of the space, which is quite expensive and far beyond the abilities of nonprofit service provider organizations, as well as their extremely-low income clients. Faced with the prospect of paying fair market value for use of the VA property, the provider is likely better served by acquiring space in the commercial market. Both parties lose out in this situation. The provider is left trying to obtain expensive space in the private market and the VA loses a potential tenant.

Accordingly, we urge Congress to amend 38 USC 8122 or other appropriate sections of federal law to obligate the Department to make excess property available to organizations and agencies for homeless purposes first using McKinney-Vento Title V, and then to utilize the enhanced-use lease or other disposition processes secondarily.

An additional capital asset management concern that has been brought to our attention is the VA's practice of establishing excessive charges for use of space for homeless veterans. Currently, the VA enters into space agreements with nonprofit organizations to utilize VA capital assets to offer services to homeless veterans. *Rates for use of the space fluctuate greatly.* **We urge Congress to require VA to ensure that space agreements with homeless service providers are negotiated without charge or at the lowest charge possible, and certainly at a rate not to exceed 30 percent of their tenants' aggregate adjusted monthly incomes.**

More generally, we urge Congress to press the Department to be more strategic in its use of capital assets for homelessness purposes. With an estimated 500,000 veterans homeless at some time during a year and the VA reaching only 20 percent of those in need, 400,000 veterans remain without services from the department responsible for supporting them. *In the meantime, numerous VA properties sit vacant or underutilized.*

Specifically, we urge Congress to require the Department to submit a plan regarding the management of its capital assets for homeless purposes. The plan should include:

- a timetable for issuing a Department-wide directive that articulates that surplus, excess, unutilized or underutilized VA properties shall first be made available on a no-cost or lowest-cost basis to nonprofit or public organizations responding to the human needs of veterans (and low-income persons in general secondarily), with a preference for organizations experienced in serving homeless veterans;
- a Departmental goal the establishment of at least 50,000 additional supportive housing units for homeless veterans on VA property and instruct VISNs to develop concrete action plans for reaching this goal;
- instructions to VISNs to identify and advertise properties currently or potentially suitable and available for disposition under the McKinney-Vento Title V program;
- instructions to VISNs to use the Title V criteria for determining suitability for homeless uses when conducting these property assessments; and
- an analysis of VA property acquisition and disposition statutes, regulations, and policy guidance and their intersection with the Title V program and recommendations for any changes needed in order for the VA to fully participate in the Title V program.

Rental Assistance Vouchers for HUD Veterans Affairs Supported Housing Program (42 USC 1437)

The Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program provides permanent housing subsidies and case management services to homeless veterans with mental and addictive disorders. VA screens homeless veterans for program eligibility and provides case management services to enrollees. HUD allocates rental subsidies from its Housing Choice Voucher program to the VA, which then distributes them to the enrollees. Rigorous evaluation of the program conducted by the VA's Northeast Program Evaluation Center (NEPEC) indicates that HUD-VASH significantly reduces days of homelessness for veterans plagued by mental and addictive disorders. HUD currently allocates 1,780 housing choice vouchers under this program.

The Homeless Veterans Comprehensive Assistance Act of 2001 authorizes HUD to allocate 500 additional HUD-VASH vouchers to VA in each of FY 2003 through FY 2006. Congress authorized the additional vouchers because those currently in circulation have been fully utilized by formerly homeless veterans, and only a small number become available each year to veterans who are now ready to resume living in the community. *Inexplicably, HUD has not requested funding for additional HUD-VASH vouchers in any of its past three budget submissions to Congress. This failure is particularly perplexing given that the Administration, with Congressional support, has made a commitment to ending chronic homelessness. Yet, the HUD-VASH program, which addresses the very population addressed by the chronic homeless initiative, remains frozen.*

We urge Congress to amend federal law to require the HUD to allocate at least 5,000 Housing Choice vouchers annually to the HUD-VASH program, regardless of whether the Department requests incremental vouchers.

PART II—RECOMMENDATIONS REGARDING OTHER HOMELESS VETERAN MATTERS

Prevention of Homelessness among Separating Service Members (DOD, DOL)

Individuals leaving the military are at high risk of homelessness due to a lack of job skills transferable to the civilian sector, disrupted or dissolved family and social support networks, and other risk factors that preceded their military service. Separating service members must be made aware of the factors that contribute to homelessness and receive information about sources of preventive assistance before they exit the military.

Congress has established the Transition Assistance Program (TAP) to ease the transition of separating service members to the civilian sector. *Regrettably, unit commanders, rather than the service member himself/herself, make the determination as to whether the service member may participate in TAP. Further, the TAP curriculum does not currently include a component on homelessness.* H.R. 1906, introduced by Representative Evans, addresses these serious weaknesses. **We urge Congress to enact H.R. 1906 this year.**

In addition, we urge the Committee, through legislative report language or through correspondence, to instruct the Secretary of Defense, Secretary of Labor, and Secretary of Veterans Affairs to include explicit information about homelessness prevention in their outreach materials, pre-release counseling, and transition assistance curriculum for separating service members.

Samaritan Act of 2004 (HUD, HHS, VA)

We are aware that the Veterans' Affairs Committee is considering legislation (H.R. 4507) introduced by committee member Representative Rick Renzi (R-AZ) to authorize a new, multi-department competitive grant program to address chronic homelessness. **NCHV supports the Samaritan Act of 2004.**

We have communicated to Representative Renzi our interest in strengthening his legislation. **We urge the Committee to request that these changes be made to the legislation as a condition of releasing its jurisdiction over the measure:**

- The \$10 million authorized to VA to perform its functions in the multi-departmental collaborative program is set up as an earmark of amounts appropriated to the Department of Veterans Affairs for treatment of homeless veterans under Medical Care, rather than as a distinct authorization. **We recommend a new line-item authorization for Samaritan within VA Medical Care, rather than a \$10 million re-direction of existing VA specialized homeless services programs.** The VA component of the Samaritan program should not be funded at the expense of existing (and overstretched and underfunded) programs.
- In terms of the measure's definition of "treatment and supportive services," there is no mention of rehabilitative, prosthetic, and other services that may be especially critical to homeless veterans with service-connected disabilities. **The legislation should be strengthened by inserting the full range of treatment and supportive services needed by veterans with service-connected disabilities.**
- **The list of eligible "treatment and supportive services" should be expanded to include an explicit authorization for assistance to chronically homeless persons in obtaining benefits for which they may be eligible,** including Veteran Disability, Veteran Compensation, Veteran Health Care, Medicaid, Medicare, Social Security Disability Insurance, Supplemental Security Income, Food Stamps, Temporary Assistance for Needy Families, and legal aid.

- **The definition of “alcohol and drug abuse services” should be amended to explicitly include residential treatment and residential rehabilitation services within the listed continuum.**
- **The definition of “mental health and counseling services” should be amended to explicitly include inpatient psychiatric treatment within the listed continuum.**
- Please note that the legislation requires applicants to provide a 25 percent cash or in-kind match in years one and two and a steep 50 percent in year three and beyond. These match levels suggest that this grant program is targeted to already well-funded applicants. *Small community-based and faith-based organizations are unlikely able to generate such a sizable match.*

HUD McKinney-Vento Program Management (HUD)

HUD McKinney-Vento programs are the largest source of federal funding for emergency shelter, transitional and permanent housing, and support services for homeless people. **Despite comprising between one-quarter and one-third of the homeless adult population overall, homeless veterans do not receive nearly that proportion of McKinney-Vento resources.** Homeless veterans are inadequately served by many general homeless assistance organizations because such agencies fail to identify veterans as they enter their programs and thus do not know to refer them to VA programs for which they may be eligible or to homeless veteran service providers with specialized expertise. In addition, some regional and local homeless assistance planning bodies are not permitting homeless veteran service providers or VA representatives to participate meaningfully in their planning and priority setting processes.

Our efforts to persuade HUD to take action to ensure fairness in the allocation of resources for and focused attention to veterans experiencing homelessness have fallen on deaf ears. We urge the Committee, through legislative report language or through correspondence, to instruct the HUD Secretary to issue HUD McKinney-Vento application or program guidance as follows:

- **require applicants for HUD McKinney-Vento homeless assistance funds to develop specific plans for housing and services to homeless veterans.** The veteran plans should inventory existing and proposed targeted homeless veteran programs in the service area; identify the unique housing and services needs of homeless veterans in the service area; outline a strategy for addressing services gaps; address how homeless assistance providers will screen housing and services users for military service experience; and describe processes for referring homeless veterans to VA or nonprofit homeless veteran service providers in the service area (if any exist).
- **require that continua of care established for the purpose of competing for HUD McKinney-Vento homeless assistance funds include at least one homeless veteran service provider, at least one homeless veteran, and representatives of the VA medical center(s) and Veterans Benefit Administration regional offices within the service area of the continuum.**

Housing Assistance for Low-Income Veterans (HUD)

While the federal government makes a sizeable investment in homeownership opportunities for veterans, there is no parallel national rental housing assistance program targeted to low-income veterans. Veterans are not well-served through existing housing assistance programs due to their program designs. Low-income veterans in and of themselves are not a priority population for subsidized housing assistance. And HUD devotes minimal attention to the housing needs of low-income veterans, as exemplified by the long-standing vacancy in the position of special assistant for veterans programs within the Office of Community Planning and Development. It is imperative that Congress elevate national attention to the housing assistance needs of our nation's low-income veterans. **We urge the Committee, through legislative language, legislative report language, or correspondence, to instruct the HUD Secretary to:**

- **conduct a quantitative and qualitative study of a representative sample of low-income veterans to determine the extent of housing insecurity among this population**, including their barriers to rental housing assistance and homeownership and their past or current homelessness or risk for future homelessness.
- **amend the guidelines for public housing authority plans for public housing and Section 8 and consolidated plans to include veterans sections.** The new sections should identify veteran housing needs, priority veteran housing needs, and articulate a veteran housing strategy. In addition, the guidelines should instruct jurisdictions to include veterans, veterans service organizations, homeless veteran service providers, and VA representatives in the public participation processes used to develop the plans.
- **develop a guide for assisting low-income veterans in accessing federal, state, and local housing assistance resources and services.**
- **develop a guide for assisting veterans service organizations and homeless veteran service providers in accessing federal, state, and local housing assistance funds and housing and community development planning processes.**
- **fill the vacancy in the Special Assistant for Veterans Programs position** within the Office of Community Planning and Development.

Develop Veteran Capability within Health and Human Services (HHS)

Contrary to perception, the VA is not the sole provider of care to veterans with health and supportive services needs. In some cases, the VA does not even have the authority to provide needed services (particularly in the human services realm.) Veteran status in and of itself is not a criteria for prioritizing a person's access to limited community-based health and human services. The Department of Health and Human Services devotes limited attention to veteran issues. **We urge the Committee, through legislative report language or through correspondence, to instruct the HHS Secretary to undertake the following:**

- **ensure that organizations receiving HHS funds screen participants for military service in order to measure the current level of veteran involvement in community-based health and human services systems and to ensure referrals as appropriate to the VA and other veteran service providers.**
- **develop, directly or via contract, a guide for assisting low-income veterans in accessing federal, state, and local health and human services resources and services**, such as primary care, mental health, addiction treatment, HIV/AIDS care, and family assistance services.
- **directly or via contract, a guide for assisting veterans service organizations and homeless veteran service providers in accessing federal, state, and local health and human services programs and planning processes.**
- **develop, directly or via contract, a guide for state and local health and human services authorities and community-based and faith-based providers on the health care and human services needs of veterans, the limitations of the VA system in meeting those needs, and the responsibility of community systems to serve veterans and work with veteran service providers and veterans service organizations.**
- **ensure that preferences and priorities for organizations working with homeless veterans are observed in the administration of the Substance Abuse and Mental Health Services Administration's PATH and GBHI targeted homeless services programs.**

Reentry of Veterans Incarcerated into the Community (DOJ)

Prisoners exiting custody are at high risk of homelessness due to lack of education and job skills, disrupted or dissolved family and social support networks, and other risk factors that preceded their military service. Service-connected veterans who are scheduled for release from prison may be able to resume VA benefits, but must notify the VA of their projected release. **We urge the Committee, through legislative report language or through correspondence, to instruct the Attorney General to undertake the following:**

- **ensure VA, veterans service organization, and homeless veteran service provider involvement in federal and state reentry planning and implementation. For example, VA benefits staff should be allowed to make routine visits to all federal and state prisons to make veterans incarcerated aware of their benefit resumption rights and responsibilities, or pre-release services should be contracted out (with funding) to veterans services organizations and nonprofit homeless veteran service providers.**
- **assure the wide distribution of a guide to veterans incarcerated on services that are available to them upon release. (The National Coalition for Homeless Veterans has developed such a guide with U.S. Department of Labor funds.)**

Ensure Veteran Access to Mainstream Workforce Supports (DOL)

The bulk of federal spending for workforce development flows through DOL's Workforce Investment Act (WIA) system. Veterans in and of themselves are not viewed as a priority population for mainstream WIA services due to the availability of veteran-specific programs through DOL's Veterans Employment and Training Service (VETS). VETS programs alone are not sufficient, however for ensuring the full array of workforce opportunities our nation's veterans deserve. **We urge the Committee, through legislative report language or through correspondence, to instruct the DOL Secretary to undertake the following:**

- **ensure that organizations receiving DOL workforce investment funds screen participants for military service in order to measure the current level of veteran involvement in mainstream workforce investment systems and to ensure referrals as appropriate to providers that specialize in employment and training services for veterans.**
- **develop, directly or via contract, a guide for assisting low-income veterans in accessing workforce investment services.**
- **develop, directly or via contract, a guide for assisting veterans service organizations and homeless veteran service providers in accessing federal, state, and local workforce investment funds and planning processes.**
- **develop, directly or via contract, a guide for state and local workforce investment authorities and community-based and faith-based providers on the workforce investment needs of veterans, the limitations of veteran-specific programs in meeting those needs, and the responsibility of mainstream systems to serve veterans and work with veteran service providers and veterans service organizations.**
- **outstation Disabled Veterans Outreach Program (DVOP) and Local Veterans Employment Representatives (LVER) staff in locations serviced by homeless veteran service providers.**
- **ensure that a module on homelessness prevention is added to the Transition Assistance Program curriculum.**

Improve Coordination between SSA and VA Disability Programs (SSA, VA)

Veterans who are disabled by injury or disease incurred or aggravated during active military service are eligible for VA Disability Compensation, a monthly payment. Veterans are eligible for SSA benefits under the same conditions as any other person. Veterans are often eligible for both benefits. But because the programs themselves and their claims processes are distinct, a veteran must work their way through each one separately. Each process is grueling in and of itself. Navigation through both processes simultaneously merely compounds the complexity. For homeless veterans—all of whom have higher priority needs such as securing a place to live, and some of whom either distrust or wish to avoid dependency on governmental programs—the processes may be insurmountable, without help. **We urge the Committee, through legislative report language or through correspondence, to instruct the Commissioner of Social Security and the VA Secretary to undertake the following:**

- **resume efforts to ensure synchronization between the SSA and VA disability determination processes.**
- **make funding available to homeless veteran service providers to enable them to assist their program participants in navigating both SSA and VA disability determination processes.**

Increase VA Mental Health and Addiction Services (VA)

Access to mental health and addiction services is critical to ending homelessness among veterans. A federally-funded survey of homeless services users published in 1999 found that 76 percent of homeless veterans have a mental health and/or substance abuse issue. With prevalence of mental and addictive disorders so high among homeless veterans, they can least afford an under-capacitated and ill-equipped VA mental health system. Regrettably, VA has not requested and Congress has not provided funds at levels sufficient for implementing Congressional mandates regarding the VA's provision of mental health and addiction services. **We urge Congress to increase funding for VA mental health and addiction services by \$500 million above the current level each year for the next four fiscal years.**

Conclusion

The National Coalition for Homeless Veterans looks forward to continuing to work with the Committee on Veterans' Affairs in ensuring that our federal government does everything within its grasp to prevent and end homelessness among our veterans. They have served our nation well. It is beyond time for us to repay the debt.

HOUSE COMMITTEE ON VETERANS AFFAIRS
Witness Disclosure Requirement – “Truth in Testimony”
Required by House Rule XI, Clause 2(g)

Name: **Linda Boone, Executive Director**, took over the management of the National Coalition for Homeless Veterans in April 1996. Since then the organization has grown from a handful of members to nearly 250 community-based organizations, government agencies and businesses providing supportive services to more than 150,000 homeless veterans and their families every year.

Boone spent the first 20 years of her career in the high technology manufacturing environment before developing her own consulting and training business, working with multi-million dollar corporations to develop competitive management practices.

Boone's involvement with veteran issues began in 1969 as a volunteer in her local community. Her advocacy for homeless veterans began in 1990 after meeting veterans living under a boardwalk near her home. She went on to serve as the National President of the one million-member American Legion Auxiliary. During her administration, the organization contributed 10 million volunteer hours and \$20 million to more than 11,000 communities worldwide.

1. Other than yourself, please list what entity or entities you are representing.
National Coalition for Homeless Veterans
2. Are you testifying on behalf of a Federal, State, or Local Government entity?
No
3. Are you testifying on behalf of an entity other than a Government entity?
Yes
4. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1999:
 - FY 2001, U.S. Department of Housing and Urban Development, Office of Community Planning and Development, \$399,120.
 - FY 2002, U.S. Department of Labor, Veterans Employment and Training Service, \$99,000.
 - FY 2003, U.S. Department of Veterans Affairs, Homeless Provider Grant and Per Diem Technical Assistance Program, \$750,000.
5. If you answered “Yes” to question number three, please list any federal grants or contracts (including subgrants or subcontracts) which were received by entities listed under question number 1 since October 1, 1999, which exceed 10 percent of the entities' revenue in the year received, including the source and amount of each grant or contract to be listed:
 - FY 2001, U.S. Department of Housing and Urban Development, Office of Community Planning and Development, \$399,120.
 - FY 2003, U.S. Department of Veterans Affairs, Homeless Provider Grant and Per Diem Technical Assistance Program, \$750,000.

6. If you answered "Yes" to question number 3, do any of the entities disclosed in question number 1 have parent organizations, subsidiaries, or partnerships whom you are not representing?

No

7. If you answered "Yes" to question number 3, please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question number 1:

Executive Director

Signature:

Date: May 14, 2004